

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:
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WM02/0430

PANDISCO & PANDISCO
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Nicholas A. Pandiscio (Actor's name)
Nicholas C. Pandiscio (Signature)
7/24/01 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/193,597	11/17/98	002	CHRISTENSEN, A	2612 04/30/01
First Named Applicant	LICHTMAN,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF
INVENTION MOTORIZED FOCUSING DEVICE AND VIEWING SYSTEM UTILIZING SAME

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 OKTA-14	348-345.000	F61	UTILITY	YES	\$620.00	07/30/01
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				<u>1 Pandiscio & Pandiscio</u> <u>2 _____</u> <u>3 _____</u>		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		
(A) NAME OF ASSIGNEE Vista Medical Technologies, Inc.				4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>16-0221</u> (ENCLOSE AN EXTRA COPY OF THIS FORM) <input checked="" type="checkbox"/> Issue Fee (any deficiencies) <input type="checkbox"/> Advance Order - # of Copies _____		
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Carlsbad, California Please check the appropriate assignee category indicated below (will not be printed on the patent)						
<input type="checkbox"/> individual <input checked="" type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government						

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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